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*Intellectual Property & Technology Law*

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Ottawa, Canada K1P 5Y6

**Page 1 of:** 14

**Attention:** Examiner Shantell L. Portis  
Group Art Unit 2617

Tel.: (613) 232-2486  
Fax: (613) 232-8440

**From:** SMART & BIGGAR

**Your file no.:** 10/787,300

**Date:** October 25, 2007

**Reply to Ottawa file no.:** 51085-3/jas

**Time:**

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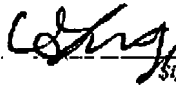
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>51085-3 /jas</b>	
Applicant(s): <b>RAO, Padakandla Krishna et al.</b>						
Application No. <b>10/787,300</b>	Filing Date <b>February 27, 2004</b>	Examiner <b>PORTIS, Shantell L.</b>	Customer No. <b>07380</b>	Group Art Unit	Confirmation No.	
Invention: <b>TRANSMIT CHANNEL REQUEST MESSAGING FOR HALF-DUPLEX VOICE COMMUNICATIONS SYSTEMS</b>						
<u>COMMISSIONER FOR PATENTS:</u>				<b>RECEIVED CENTRAL FAX CENTER</b>		
Transmitted herewith is an amendment in the above-identified application.				<b>OCT 25 2007</b>		
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	24 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-2550</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ Signature				Dated: <b>October 25, 2007</b>		
<b>Christine N. Genge</b> <b>Reg. No. 45,405</b>  <b>Customer No. 07380</b>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No.	: 10/787300	Confirmation No.	8776
Applicant	: RAO, Padakandla Krishna		
Filed	: February 27, 2007		
TC/A.U.	: 2617		
Examiner	: Shantell L. Portis		
Docket No.	: 51085-3		
Customer No.	: 07380		

Commissioner for Patents  
Alexandria, VA 22313-1450  
U.S.A.

Dear Sir:

In response to the Office Action of July 27, 2007, please amend this application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.